



CHILDREN'S ADMINISTRATION FEE WAIVER

APPLICANT NAME		DATE
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ADDRESS		
<p>The Department of Social and Health Services, Children's Administration is waiving the State Patrol, FBI, and Processing fees for the FBI Fingerprint Check for the applicant named above. The Washington State Patrol may remit this signed and approved Fee Waiver form via journal vouchering to the Children's Administration for payment of the above stated fees.</p> <p>(This waiver does not apply to the initial fingerprinting fee charged by local Law Enforcement Agencies.)</p>		

DIVISION OF CHILDREN AND FAMILY SERVICES/REGION LICENSOR has determined (according to DCFS policy) that payment of the required State Patrol/Fingerprint Check for

APPLICANT

shall be waived.

Signature: _____

LICENSING SUPERVISOR/REGIONAL BUSINESS MANAGER

DATE